CPA Firm License Application



Mail to: Washington State Board of Accountancy

P.O. Box 43123, Olympia, Washington 98504-3123

(360) 664-9191 - www.cpaboard.wa.gov

s: Sole proprietorship with no employees ----- NO FEE

Sole proprietorship (with employees),

Partnership, PS Corporation, LLC -----\$200

INSTRUCTIONS: Attest services may only be offered or performed by a licensed CPA in a licensed CPA firm. An entity wishing to offer attest services or use the title "CPA" or "Certified Public Accountant" in the firm's title must *first* obtain a CPA firm license from the Board.

To apply for an initial CPA firm license you must submit a completed **CPA Firm License Application** form, **Ownership Listing** form, any additional required information, and the appropriate fee to the Washington State Board of Accountancy. Incomplete applications will not be processed. Prior to processing your application, the Board may require other information. Upon approval, the firm license will be mailed to the main office address provided to the Board and posted to the Licensee Search page of the board's web site: www.cpaboard.wa.gov. The initial firm license will expire on June 30 of the third calendar year following initial licensure.

Note: A change in the legal form of a firm constitutes a new firm. Accordingly the new entity must make application using this form and obtain a CPA firm license from the Board.

PUBLIC DISCLOSURE: Please be advised the Washington State Board of Accountancy complies with the Public Disclosure Act, Chapter 42.17 RCW. This act establishes a strong state mandate in favor of disclosure of public records. As such, the information you submit to the Board, including personal information, may ultimately be subject to disclosure as a public record.

WBOA-NEWS: The Board of Accountancy has implemented an electronic newsletter alert process called WBOA-News. The Board recommends that you subscribe to WBOA-News at http://listserv.wa.gov/archives/wboa-news.html to receive prompt notice of Board meetings, anticipated and/or actual statute, rule and policy changes, etc.

	ctings, anticipated and/or actual statute, rule		
Firm Name:	(See WAC 4-25-661 regarding firm name limitations)	UBI #:	
Address:		Form of Practice:	
Address:			□ Partnership□ Limited Liability Partnership□ Professional Service Corporation
City, State, Zip:		_	Limited Liability Company
Phone #:			
If this applicat	ion results in the dissolution or name change c	of a currently licensed firm	n(s), please provide the following:
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	ion results in the dissolution or name change o		n(s), please provide the following:
Firm name: _	ion results in the dissolution or name change of the control of the change of the control of the	Firm #: _	
Firm name: _		Firm #: _	
Firm name: _	NSING INFORMATION - PROVIDE SUMMAR	Firm #: _	
Firm name: _	NSING INFORMATION - PROVIDE SUMMAR rsons in the Firm at Date of Application:	Firm #: _	

Licensed CPA Employees (Do not include proprietor, partners, shareholders or members)

MANAGING LICE	ENSEE INFORMATION:			
(Managing licensee	name - Must hold a valid Washington State CPA lice	ense to practice public acc	ounting)	(License Number)
BRANCH OFFIC	E INFORMATION:			
Each branch offic	ce must be listed below. Attach additional	sheets if the firm has	s more than two bra	nch offices to register.
	Branch Office #1:		Branch Office #2:	
Address:		Address:		
City, State, Zip:		City, State, Zip:		
Daytime Phone:		Daytime Phone:		
OWNERSHIP LIS	STING FORM:			
Listing form is no	isting form must be fully completed and a ot attached, the application will be incom lete the Ownership Listing form.			
I certify under the made in this appli and WAC 4-25-6 requirements of V	N - TO BE COMPLETED BY FIRM OWN e penalty of perjury under the laws of the sication. I also certify that the firm will opera 61), the firm's legal form meets the requi WAC 4-25-750(3), the CPA firm owners rasee firm owners meet the registration requi	state of Washington state under the name li irements of WAC 4-2 meet the licensing re	to the truth and acc censed with the Boa 25-750(1), the firm's equirements of WAC	uracy of all statements ard (RCW 18.04.345[5] s ownership meets the
Print Name:	(Firm Owner Holding a valid Washington State C	PA License to Practice P	ublic Accounting)	(License Number)
Signature:				
Location:	(City, State, or Province, Country)			(Date)
Email (optional):				
				_
FEES:				
·	nip (with no employees)			NO FEE
	nip (with employees), Partnership, Limited onal Service Corporation, and Professiona			\$200*
		Tota	al Enclosed*:	\$

Make check payable to: Washington State Board of Accountancy.
 All fees must be in US dollars and drawn on a bank with a US bank affiliate listed on the face of the check or money order.

OWNERSHIP LISTING FORM

Board of Accountancy

Washington State

INSTRUCTIONS: Complete this form and provide the required information for **all owners**. Sole-proprietorship firms are not required to submit the Ownership Listing form. Note:

- 1. At least one general partner of a partnership (including LLP's), one shareholder of a corporation (including PC's or PS's), and one manager of a limited liability company must hold a Washington State CPA license.
- 2. Any CPA proprietor, partner, shareholder, member, or manager who is either a resident or is entering the state and practicing public accountancy in Washington state must hold a valid Washington state license or practice privileges. If a CPA owner is a Washington resident, they must obtain a Washington CPA license.
- 3. All resident non-CPA owners must be registered with the Board prior to holding an ownership interest in a Washington CPA firm.

FIRM NAME:

- 4. Include percentage of ownership interest in the firm for each owner. **Note**: A simple majority of the ownership of the licensed firm in terms of financial interests and voting rights of all owners must be licensees in this state or holders of a valid license to practice public accountancy issued by another state; entitled to practice public accounting in this state; and principally employed by the firm or actively engaged in its business.
- 5. Attach additional sheets if necessary. **Note:** If attaching additional sheets, all required information must be provided in a clear, easy to read, and usable format.

CPA OWNER(S) - Note: All CPA Owners Must be Listed Regardless of State of Licensure or Residency			Percentage of Ownership Interest:		
Name	Address	License No.	State	Financial Interest	Voting Rights
Total - CPA Owner(s) - Total Percentag	e of CPA Ownership Interest must be over 50%				

NON-CPA OWNER(S) - Note: All Non-CPA Owners Must be Listed Regardless of Residency		Percentage of Ownership Interest:		
Name	Address	Registration No. *	Financial Interest	Voting Rights
Total - NON-CPA Owner(s) - Total Perc	entage of Non-CPA Ownership Interest must be less than 50%			

Total Ownership Interest - Must be 100%		

^{*}Only Non-CPA Owners **resident** in Washington State are required to register with the Board.